

Benefits at a Glance

Group # 5070

December 1, 2016		
PPO Plan		
MAJOR MEDICAL		
Lifetime Maximum, Deductibles and Out-of-Pocket Limits		
	In Network Member Responsibility	Out of Network Member Responsibility
Lifetime Maximum Benefit per Person	Unlimited	
Annual Maximum Benefit per Person	Unlimited	
Calendar Year Deductible	individual - \$0 PPO family - \$0 PPO	individual - \$10,000 nonPPO family - \$20,000 nonPPO
Out-of-Pocket Maximum	individual - \$4,500 PPO family - \$9,000 PPO Includes all sharing (coinsurance and copays) except benefit penalties	individual - \$20,000 nonPPO family - \$40,000 nonPPO Includes all sharing (coinsurance, deductible and copays) except benefit penalties
Member Benefit Percentages (coinsurance)	30% PPO	50% nonPPO
Hospital Services		
Inpatient Hospital Services	30% PPO	50% after deductible nonPPO
Outpatient Surgery including Ambulatory Facility	30% PPO	50% after deductible nonPPO
Pre-Admission Testing	30% PPO	50% after deductible nonPPO
Hospital Lab & X-ray	30% PPO	50% after deductible nonPPO
Other Outpatient Services, including MRI, CAT and PET scans	30% PPO	50% after deductible nonPPO
Physician Services		
Primary Office Visits	\$20 co-pay PPO	50% after deductible nonPPO
Specialist Office Visits	30% PPO	50% after deductible nonPPO
Office Lab & X-ray	100% covered no member cost share if performed in the office visit	50% after deductible nonPPO
Office Surgery	30% PPO	50% after deductible nonPPO
Surgery - other than office	30% PPO	50% after deductible nonPPO
Hospital Visits	30% PPO	50% after deductible nonPPO
Second Surgical Opinion	As any other office visit	

	December 1, 2016	
	PPO Plan	
Telemedicine	As any other office visit	
Urgent & Emergency Services		
Emergency Room Treatment including related services	30% PPO or Non-PPO	
Urgent Care	30% PPO	50% after deductible nonPPO
Routine Wellness Services		
Routine Wellness Services	100% covered PPO Includes US Preventive Task Force recommended services and Prventive Services for Women as required by healthcare reform without member cost share	50% after deductible nonPPO
Contraceptive Management	Included in Routine Wellness Services Includes FDA approved contraceptive methods, sterilization procedures and education & counseling for women.	
Other Services		
Insight Imaging for advanced imaging MRI, CT & Pet Scans - other than inpatient	20% PPO	50% after deductible nonPPO
Advanced Imaging - all other MRI, CT & Pet Scans - other than inpaitient	30% PPO	50% after deductible nonPPO
Mental Health and Substance Abuse Services		
Inpatient Hospital Services	30% PPO	50% after deductible nonPPO
Office Visits	\$20 co-pay PPO	50% after deductible nonPPO
New World Medical Network		
Elective Surgical Procedures	100% Deductible and OOP Waived in New World Network for more information call 1-800-475-7285, option 1 or Botetourt@NewWorldMedicalNetwork.com Includes a cash bonus of 20% of Savings up to a maximum of \$2,000 Network services includes cost of facility, surgery, surgeons fees. Also included is travel expenses (airfair, hotel & transportation between hotel and facility for you and a travel companion)	

December 1, 2016

PPO Plan

PRESCRIPTION DRUG CARD

Pharmacy Benefit Manager	Kroger Prescription Plans (KPP)
Out-of-Pocket Maximum	individual \$2,350 / family \$4,700
Retail Pharmacy	10% copay (with a minimum \$7.50) generic 30% copay (with minimum of \$20) Preferred Brand 40% copay (with a minimum of \$35) non-preferred brand each copay covers up to a 30 day supply
Kroger Pharmacy Only Retail Maintenance	10% copay (with a minimum \$15) generic 30% copay (with a minimum \$40) preferred brand 40% copay (with a minimum \$70) non-preferred brand each copay covers up to a 90 day supply at Koger Pharmacies only Diabetic Treatment Kroger Brand Diabetic Meters - \$0.00 co-pay (1 every 2 years) Kroger Brand Supplies (syringes, needles, lancets, & test strips - \$0.00 co-pay
Mail Order Pharmacy	10% copay (with a minimum \$15) generic 30% copay (with a minimum \$40) preferred brand 40% copay (with a minimum \$70) non-preferred brand each copay covers up to a 90 day supply
Specialty Pharmacy	Included and Mandatory Effective 03/01/2016: 20% copay generic 40% preferred brand 50% non-preferred brand each copay covers up to a 30 day supply
Step Therapy	Effective 01/01/2017 MedPerform Step Therapy
Mandatory Generics	Included
Contraceptives	Includes Preventive Services for Women as required by healthcare reform* without member cost share for generics and single source brand. *includes oral contraceptives, transdermal and vaginal ring
Smoking Cessation	Included with prescription* without member cost share for generics and single source brand. *includes nicotine replacement therapy (i.e., gum, lozenge, transdermal patches, inhaler, and nasal spray), sustained-release bupropion, Varenicline Note: limited to 2 cycles of therapy per plan year (1 cycle = 3 months of therapy)
Eligibility	Eligible Employees: Full time employees working at least 30 hours Waiting Period: First of the month following 30 days Dependent Children: Covered to age 26
Accountable Care Act Requirements	The Botetourt County Plan does meet the Minimum Value requirements and offers Minimum Essential Coverage

This summary of benefits is a brief non-legal description of benefits offered by Botetourt County and administered by MedCost Benefit Services. The plan includes additional benefits, limitations and exclusions as outlined in the Summary Plan Description.

PROVIDER SEARCH

To confirm your doctors are in-network or to locate an in-network provider, please visit www.medcost.com and click on "Locate a Provider."

To located providers in Virginia, choose [VHN Plus](#) . This link will take you to the Virginia Health Network provider search screen.

To locate providers in North Carolina, select [MedCost/Medcost Ultra](#) . This link will take you to the MedCost provider search screen.

You can also call MedCost Customer Service at 1-800-795-1023